State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

No

#### (CFA-4) Summary Sheet

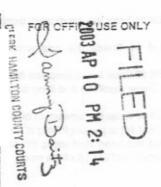
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	10	eorgiales years
	/	DESCRIPTION OF

COMMITTEE INFOR	RMATION		
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COMMITTEE TO RE-ELECT TACK HO	4/2/		La Company of the Com
2. Acronym or abbreviated name, if any	3. Committee teleph		ne sow pla pasoff notestill
and a state of the support of the latest area and their mean handle in authorized their included.	(3/1)	867-8040	
4. Mailing address (address where all campaign finance correspondence is received)   325LEEPV HOLOW CT	theck if this is a new add	ress	to horosta via potokni
5. City, state, ZIP code	6. Party affiliation (if	applicable)	C DISAS HERSTAN
WESTFIELD, IN 46014	KEPUB	LICAN	Average antiquesta
CANDIDATE INFORMATION (For Can		The second secon	是语句的 经工作 一种
7. Full name of candidate (include any nickname)	8. Party affiliation or		man tur ord spins a trait
JOHN BERNARD JACK HAR!		ICAN	CONTRACTOR OF THE PROPERTY OF
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of reside	CONTRACTOR OF THE PARTY OF THE	man et use s'union
WESTARD TOWN COUNCIL - DISTRICT 3	HAMIL	TON	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	That her streeting and
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be "0")	Pre-Conventio	or providence was necessarily as a little of
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Conventi	COLUMN B
12. Reporting period: From: JANUARY 1, 2003 Through: APRIL 11,	2003	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	abdom , model i 40	-0	
14. Cash on hand and investments January 1, current year.			-0
CONTRIBUTIONS AND RECEIPTS	10.64		
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)		
15a. Itemized (use Schedule A)	-	-	
15b. Unitemized with a second state of the second s	Ne Sheart File (SAS)	0	0
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	-0	-0
EXPENDITURES	TO IAL		15 Avata (1)
(Note: These amounts include in-kind expenditures and loan repayments.)			
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17b. Unitemized	elms a Unabhasa	0	201 1 - O 11 CON
· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	-0-	-0-
17c. Add lines 17a and 17b in both columns		-	
<ol> <li>Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of</li> </ol>	columns) TOTAL	0	CONTRACTOR OF THE PARTY OF THE
19. Debts OWED BY the committee (use Schedule D)	D1000 TO 1000		
20, Debts OWED TO the committee (use Schedule E)	Page Sanga	-0-	

CERTIFICATION

Signature on File

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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Contributor's Occupation (if required)	Other Receipts:  Interest Loan Misc (specify)	0	0	MONTAPUS PORTANT MATRO
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Contributor's Occupation (& required)	Other Recsipts: Interest □Loan Misc (specify)	0	0	UKN B CUI
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Contributor's Occupation (if required)	Other Receipts:	0		t berroom actifi n me eccitud n me eccitud
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5.	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	0	0	
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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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5.	Contributions:  Direct In-Kind (describe)			
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## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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## CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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### (CFA-4 SCHEDULE B) Itemized Expenditures

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Page	(.o of 9

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRI		TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
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### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	NUMBE	R	13-15
Page	7	_ of	9	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	PUB	LIC QUESTION INFORMATION			
cost ensembles to see a necessity					
Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed	al	ecpanies in robuspy phone or			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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### (CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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### (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NU	MBER	333356	ı

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER			
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BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(#2r/) (sifeet, number, city state, Z.P.ccae)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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